



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
ETHICS COMMISSION

07 MAY -2 PM 2:39

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Chikamoto	Oren	T.	523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

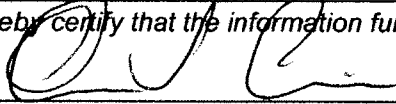
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Ballard Family Mortuary, Inc.			(808) 879-7911
MAILING ADDRESS (Street)			FAX
440 Ala Makani Street			
(City)	(State)	(Zip Code)	
Kahului,	Hawaii	96732	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mark Ballard			(808) 879-7911
MAILING ADDRESS (Street)			FAX
C/O Ballard Family Mortuary, Inc., 440 Ala Makani Street			
(City)	(State)	(Zip Code)	
Kahului	Hawaii	96732	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

5/2/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Mark Ballard

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

Ballard Family Mortuary, Inc.

TELEPHONE

(808) 879-7911

MAILING ADDRESS (Street)

440 Ala Makani Street

FAX

(City)

Washington

(State)

Hawaii

(Zip Code)

96732

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

4/7/2007

(Date)